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**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE: ☒ MIXC    ☐ CLEC    ☐ ILEC    ☐ Wireless

**CERTIFICATED COMPANY INFORMATION**

<b>Access One, Inc.</b>	
Company Name <u>Access One of South Carolina</u>	FEIN/SSN <u>312-441-1000</u>
Dbaf/ka <u>820 W. Jackson Street, Suite 650</u>	Telephone # <u></u>
Mailing Address <u>Chicago, IL 60607</u>	
City, State, Zip Code <u>820 W. Jackson Street, Suite 650</u>	
Business Location <u>Chicago, IL 60607</u>	
City, State, Zip Code <u></u>	Cook County

**REGISTERED AGENT INFORMATION**

Registered Agent: <u>Corporation Service Company</u>
Mailing Address: <u>2 Office Park Court, Suite 103</u>
<u>Columbia, SC 29223</u>
City, State, Zip Code <u></u>

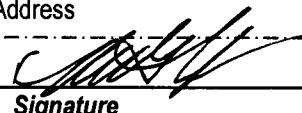
**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

- Kevin Fennell**
- A. **General Manager** (Include Address if different than above)  
312-441-9961 / 312-441-1010 / kfennell@accessoneinc.com  
 Telephone Number / Facsimile Number / E-mail Address
- Kevin Fennell**
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)  
312-441-9961 / 312-441-1010 / kfennell@accessoneinc.com  
 Telephone Number / Facsimile Number / E-mail Address
- Johnston Hoehne, COO**
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)  
312-441-1000 / 312-441-1010 / ihoehe@accessoneinc.com  
 Telephone Number / Facsimile Number / E-mail Address
- C2. **Customer Contact** (Toll Free Number)  
312-441-1000
- D. **Engineering Operations** (Include Address if different than above)  
 /  /   
 Telephone Number / Facsimile Number / E-mail Address
- E. **Test and Repair** (Include Address if different than above)  
 /  /   
 Telephone Number / Facsimile Number / E-mail Address
- Kevin Fennell**
- F. **Emergencies** (During Non-Office Hours)  
312-441-9961 / 312-441-1010 / kfennell@accessoneinc.com  
 Telephone Number / Facsimile Number / E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

- G. Mark A. Jozwiak, President  
**Regulatory Officer** (Name & Title)  
820 W. Jackson Street, Suite 650, Chicago, IL 60607  
(Mailing Address)  
312-441-1000 / 312-441-1010 / miozwiak@accessoneinc.com  
Telephone Number / Facsimile Number / E-mail Address
- H. Mark Lammert c/o Compliance Solutions, Inc.  
**Annual Report Mailings** (Name & Title)  
740 Florida Central Parkway, Suite 2028, Longwood, FL 32750  
(Mailing Address)  
407-260-1011 / 407-260-1033 / mark@csilonqwood.com  
Telephone Number / Facsimile Number / E-mail Address
- I. Mark Lammert c/o Compliance Solutions, Inc.  
**Dual Party Mailings** (Name & Title)  
740 Florida Central Parkway, Suite 2028, Longwood, FL 32750  
(Mailing Address)  
407-260-1011 / 407-260-1033 / mark@csilonqwood.com  
Telephone Number / Facsimile Number / E-mail Address
- J. Mark Lammert c/o Compliance Solutions, Inc.  
**Interim LEC Fund Mailings** (Name & Title)  
740 Florida Central Parkway, Suite 2028, Longwood, FL 32750  
(Mailing Address)  
407-260-1011 / 407-260-1033 / mark@csilonqwood.com  
Telephone Number / Facsimile Number / E-mail Address
- K. Mark Lammert c/o Compliance Solutions, Inc.  
**Universal Service Fund Mailings** (Name & Title)  
740 Florida Central Parkway, Suite 2028, Longwood, FL 32750  
(Mailing Address)  
407-260-1011 / 407-260-1033 / mark@csilonqwood.com  
Telephone Number / Facsimile Number / E-mail Address
- L. Mark Lammert c/o Compliance Solutions, Inc.  
**Gross Receipts Mailings** (Name & Title)  
740 Florida Central Parkway, Suite 2028, Longwood, FL 32750  
(Mailing Address)  
407-260-1011 / 407-260-1033 / mark@csilonqwood.com  
Telephone Number / Facsimile Number / E-mail Address
- M. Mark Lammert c/o Compliance Solutions, Inc.  
**Lifeline Mailings** (Name & Title)  
740 Florida Central Parkway, Suite 2028, Longwood, FL 32750  
(Mailing Address)  
407-260-1011 / 407-260-1033 / mark@csilonqwood.com  
Telephone Number / Facsimile Number / E-mail Address

Mark Lammert  
**This form was completed by**  
Attorney-in-Fact  
**Title**

  
**Signature**  
/  
**Date**

RETURN COMPLETED FORM TO: Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211

**And**

Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201